

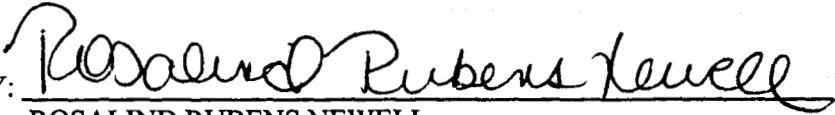
00-*R*-1729

Entered - 10/09/00 - sb
CL00L0609 - DIANNE C. MITCHELL

CLAIM OF: THERON ADAMS
5200 Beechwood Forest Court
Lithonia, Georgia 30038

For damages alleged to have been sustained as a result of property damage
due to a sewer back up on February 19 and 20, 2000 at 3080 Delmar Lane.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0609

Date: October 13, 2000

Claimant /Victim THERON ADAMS

BY: (Atty) (Ins.Co.) _____

Address: 5200 Beechwood Forest Court, Lithonia, Georgia 30038

Subrogation: Claim for Property damage \$ 3,317.00 Bodily Injury \$ _____

Date of Notice: 09/27/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 02/19&20/00 Place: 3080 Delmar Lane

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his property was damaged due to a sewer back up. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

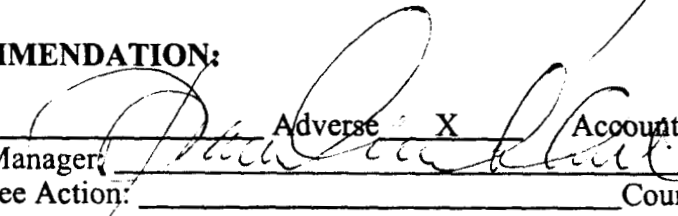
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-13-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Mitchell
10/09/00
De

Today's Date: 8-12-00

11-09-00P05:23 RCVD

ENTERED - 10-9-00 - SB
00L0609 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,317.⁰⁰/₁₀₀ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2-19-00 + 2-20-00 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No

4. Location of incident (including street address): 3080 Delman Lane Atlanta, Ga. 303

5. Name of your insurance company: Foremost Policy No. 381-0062301767-04

6. State what and how incident occurred: The main sewer line (city) stop up, causing sewer water to back up and flood basement in the 3000 Block of Delman Ln. including this address. The water rose to more than 4' in the basement causing damage to the furnace & hot water heater. Both had to be replaced.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Shawn Adams
Signature of Claimant

00-R-1729

SEP 27

THRAON Adams
(Print Claimant's Name)

5200 Beechwood forest ct
(Address)

Lithonia, Ga. 30038
(City, State and Zip Code)

770-987-5656 678-462-9872
(Work Number) (Home Number)